

BYE: _____

INITIALS OF
 REVIEWER: _____

REQUEST FOR DEPENDENCY ALLOWANCE INFORMATION

When you filed your claim for Unemployment Insurance benefits you indicated that you have one or more dependent children. You may be entitled to receive \$25.00 per week per dependent child (not to exceed one-half of your weekly UI benefit rate).

HOW TO APPLY

You may apply for a dependency allowance by mail. Complete this form as instructed below and return it to the Interstate Department at the address indicated on the reverse side of this form.

Complete the identifying information in Box 1 below. Please record your phone number(s) in Box 2, below, so that we can contact you if we need to obtain further information. Enter the name, Social Security number, and date of birth for each dependent child for whom you are claiming an allowance in Box 3 below. Answer all of the questions in Box 4, on the reverse, as they pertain to your dependents.

BOX 1: IDENTIFY YOURSELF

YOUR NAME:

YOUR SOCIAL SECURITY NUMBER:

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BOX 2: YOUR PHONE NUMBER

BOX 3: LIST YOUR DEPENDENTS



LAST NAME	FIRST	MI	BIRTHDATE	SOCIAL SECURITY NUMBER													
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BOX 4: ANSWER ALL QUESTIONS	CHECK ONE
1. Are all of the children listed in Box 3 permanently residing inside the United States, its territories or possessions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. During the last 15 months did you, or do you now, provide more than 50% of the support for each child listed on the reverse side?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2A. If not, are you currently under a court order to pay child support for each child listed on the reverse side?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is anyone else collecting unemployment insurance and receiving a dependency allowance for any of the children listed on the reverse side?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you the natural parent, adoptive parent, step-parent or legal guardian of each child listed on the reverse side?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4A. If not, have you filed a petition for adoption of any child in your custody listed on the reverse side?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5A. If any of the children listed on the reverse side are over the age of eighteen, are they under the age of twenty-four and a full-time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5B. If any of the children listed on the reverse side are over the age of eighteen, are they physically or mentally disabled and incapable of earning wages?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Return the completed form with documents attached (if necessary) to:

**Division of Unemployment Assistance
Interstate Department
P. O. Box 8400
Boston, MA 02114**

Attn: Dependency Allowance Unit

IMPORTANT

This notice contains information about your rights or obligations, and should be translated immediately. If you need a translator, ask for a listing of translation services at your DUA office.

ВАЖНОЕ СООБЩЕНИЕ

В этом сообщении содержится информация о Ваших правах и обязанностях, и оно должно быть срочно переведено Вам. Если Вам нужен переводчик, попросите список переводческих компаний в своем DUA офисе.

IMPORTANTE

Este aviso incluye información sobre sus derechos y obligaciones, y debe traducirse de inmediato. Si necesita un traductor, solicite el listado de servicios de traducción en la oficina de la DUA correspondiente.

IMPORTANTE

Questo avviso contiene informazioni sui Suoi diritti ed obblighi e deve essere tradotto immediatamente. Se ha bisogno di un traduttore, chieda l'elenco dei servizi di traduzione presso la DUA.

IMPORTANTE

Este comunicado contém informações sobre os seus direitos ou obrigações. Ele deve ser traduzido prontamente. Se precisar de um tradutor, solicite no escritório DUA mais próximo uma lista dos serviços de tradução.

ສຳຄັນ

ຄຳເຕົ້າໜັງສະບັບນີ້ປະກອບດ້ວຍລາຍລະອຽດຕ່າງໆ ໆ ກ່ຽວກັບສິດທິໄຊລະນາລະສັບພິຊອບຕ່າງໆ ຂອງທ່ານ, ຄື່ອງຄວນໄດ້ຮັບການແປພິເດຍທັນທີໂດດ. ຖ້າທ່ານຕ້ອງການໃຊ້ຜູ້ແປພາສາ, ໃຫ້ຂໍລາຍການບໍລິການແປພາສາທີ່ນິໄວ້ໃຫ້ຊື່ໃນຫ້ອງການ DUA ຂອງທ່ານ.

សំខាន់

សេចក្តីជូនដំណឹងនេះ មានព័ត៌មានស្តីអំពីសិទ្ធិ ឬ កាតព្វកិច្ចរបស់អ្នក ។ សូមអោយប្រាកដប្រជា ជាមុន ។ ប្រសិនបើអ្នកត្រូវការអ្នកបកប្រែ សូមរកមើលបញ្ជីឈ្មោះកន្លែងផ្តល់សេវាបកប្រែ ដែលមាននៅក្នុងបាយឈ្នួល DUA របស់អ្នក ។

ENPÖTAN

Nót sa a genyen enfòmasyon sou dwa w oubyen obligasyon ou genyen, epi ou fèt pou ou fè tradwi l kounyè a. Si ou bezon moun ki pou tradwi pou ou, mande on lis ki genyen sèvi yo ofri pou tradiksyon nan biwo DUA ke ou konn ale a.

QUAN TRỌNG

Thông báo này bao gồm thông tin về quyền hạn hoặc nhiệm vụ của quý vị và phải được thông dịch ngay. Nếu một thông dịch viên, hãy yêu cầu một danh sách dịch thông dịch tại văn phòng DUA của quý vị.

重要

本通知包含有關閣下權利或義務的資訊，應即刻翻譯。如下需要翻譯人員，請到閣下的DUA辦事處要求一份翻譯。